

Doc. Code: INV



County_____

Decedent's Date of Death: _____ Decedent's SSN: _____

Description of Assets	Estimated Value

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Total Estimated Value: \$_____

I submit the foregoing as the Inventory of the above-named Decedent's estate; which Inventory was made on _____, 2____.

Signature of Executor / Executrix or Administrator / Administratrix

Subscribed and sworn before me on _____, 2____. My commission expires: _____, 2____.

Name/Title

Attorney's Signature: _____ Phone No.: _____

Attorney Name (Printed): _____

Address: _____

CLERK'S CERTIFICATE

The foregoing Inventory having been returned to me in duplicate, the original is now filed in my office and the duplicate mailed to the Commissioner of Revenue, Commonwealth of Kentucky this on _____, 2____.

Clerk

By: _____ D.C.